

# *The Saga of Osteopathy in California*

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ON MARCH 19, 1974 (in the case of D'Amico, et al versus the Board of Medical Examiners, et al) the California Supreme Court removed restrictions enacted in 1962 against the licensing of new osteopathic physicians and surgeons in California. The court ruled, in effect, to reestablish the licensing of DO's in California under the jurisdiction of the long-dormant State Board of Osteopathic Examiners. By its ruling, the state Supreme Court opened yet another chapter in the continuing saga of osteopathy's relationship to medicine in the delivery of health care to Californians.

The story begins with Andrew Taylor Still, MD, an ex-Civil War Army surgeon and itinerant physician who, in 1874, first propounded the principles of osteopathic medicine.<sup>1</sup> Still likened the human body to a machine and theorized that all disease was caused by structural deviations in the vertebrae. He and his early followers maintained that these dislocations of the vertebrae adversely affected the nervous system which, in turn, acted to impair the necessary circulation of the blood and other body fluids.

Early osteopathic treatment therefore consisted chiefly of the manipulations of the spine. According to these founding fathers of osteopathy, surgical operation was sometimes a necessary treatment but drugs and vaccines, herbs and simples, not only did no good, they often induced illness. Given some of the bogus medications often in use at that time, there was some justification for the early osteopaths' suspicion of chemotherapy.

Dr. Still practiced as an itinerant physician for more than 20 years before deciding to open a school which would train young men and women

to become osteopathic physicians. The first school chartered to offer instruction in osteopathic medicine was opened in Kirksville, Missouri. Its first faculty consisted of Andrew Still himself, and one or two of his followers. By 1910, there were twelve osteopathic schools throughout the country, of which three were in California. Only one California osteopathic school was to survive, the Los Angeles School of Osteopathy—later called the College of Osteopathic Physicians and Surgeons. It enrolled its first students in 1901 and subsequently matured to the point where it won recognition as perhaps the best of the American osteopathic schools.

The Osteopathic Association of the State of California was incorporated under the laws of California on December 29, 1900. In 1917, the name was changed to the California Osteopathic Association (COA). COA's chief objectives were to establish at California's osteopathic schools educational standards and an educational curriculum which would be considered comparable to that offered at accredited medical schools.

Even as far back as 1901, California osteopaths fought for the same unlimited practice privileges as then enjoyed by the medical profession. The California legislature yielded to these demands partially by passing a law which permitted osteopaths to be awarded an "Osteopathic Physician's Certificate" administered by a licensing board composed of members of the osteopathic profession. This was a limited license, however, and osteopaths were not permitted to prescribe drugs or perform major surgical operations.

In 1907, the first comprehensive California Medical Practice Act was passed. The Act repealed the previous medical and osteopathic act, and provided for a composite medical board to

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regulate all systems of practice. From 1907 to 1919, osteopathic physicians and surgeons had to pass the same examination for licensure as allopathic medical graduates. Then, in 1919, the board refused to examine any more osteopaths. Though this action was overruled in court, the court's verdict did not deprive the board of its power to impose future restrictive rules and regulations which could have the net effect of limiting the practice of osteopathy in the state.

To insure their professional survival, the COA developed in 1922 an initiative act creating a separate board of examiners. The American Osteopathic Association (AOA), indicating that the development of such an initiative should be the national organization's responsibility, opposed the initiative. The California Medical Association also opposed the initiative because it was believed that a separate board would further fragment medical practice in the state. Despite this combined opposition, the Osteopathic Initiative Act was passed by the electorate in 1922.

With its own Board of Examiners now firmly written into law, osteopathy in California became an equal and distinct medical profession. Osteopaths owned their own college, their educational standards were improving and they were permitted to prescribe drugs and perform major surgical procedures.<sup>1</sup> And to assure equality at law, the 1922 Osteopathic Act incorporated into itself both the Medical Practice Act and all amendments that might be made to it in the future.

A distinction must be made between the type of medicine practiced by osteopaths in 1930 and that of their historical antecedents of 1900. By the 1930's, California DO's no longer considered manipulation of the vertebrae a cure-all. Lewis Reed, in a comprehensive and scholarly study of osteopathy published in 1933,<sup>2</sup> noted this change in the osteopathic art. "Osteopathy," he said, "instead of being the theory of the cause of all diseases, is tending to become the theory of *one* cause of some diseases." Reed further pointed out that "it is difficult to define present-day osteopathy in a way that will distinguish it as a theory of healing distinct from 'regular' medicine." As osteopathy grew as a profession, young osteopaths appeared as eager to use drugs, radiation and surgical operations as their Doctor of Medicine counterparts. The manipulative osteopath in California was being gradually superseded.

Because of osteopathy's increased professional stature, its heightened professional and educa-

tional standards, and its common acceptance of the tenets and techniques of the medical profession, as early as 1938 a few of its practitioners felt the time was ripe to attempt to merge their school, the College of Osteopathic Physicians and Surgeons, with the University of Southern California Medical School. Exploratory talks between COA and the California Medical Association did take place but many MD's opposed the idea at that time and the merger never materialized.

Throughout the ensuing decade or so, as the two medical professions continued to draw closer together in practice and philosophy, the interest in merging the two professions gathered more and more support from DO's and MD's alike. In 1955, Dr. John Cline, a San Francisco surgeon, former CMA and American Medical Association president and chairman of AMA's Committee on Osteopathy, presented the results of his committee's survey of osteopathic colleges in the United States to the AMA House of Delegates. The committee noted that, within the framework of the AMA's Principles of Medical Ethics, the teaching in these schools did not fall into the "cultist" category. It also established that students in osteopathic schools received a fairly adequate training in the clinical and basic sciences. What they chiefly lacked, the Cline Committee reported, was an opportunity for postgraduate clinical training and a closer overall relationship with the medical profession.

Though the interest in a merger between the two professions grew in California, the American Osteopathic Association continued its adamant opposition to the idea, arguing that osteopathy should retain its status as a separate but equal medical profession. Yet the facts in California belied this position. Equal opportunities were at no time available to California DO's. Their hospital facilities, except for the osteopathic wing of the Los Angeles County General Hospital, were poor. Because their osteopathic school was always in need of money, its quality of teaching and its ability to support research tended to suffer. For California osteopaths, merger with the medical profession would bring them from the periphery of the medical community into the medical mainstream.

By 1960, it became apparent that COA and CMA were very close to reaching merger agreement. In July of that year, the American Osteopathic Association formally instructed the COA to cease merger negotiations with CMA. Three months later,

at its House of Delegates meeting, the COA voted to ignore the national body's resolution and to continue negotiations with CMA. The AOA almost immediately withdrew support for COA and recognized as its California representative the Osteopathic Physicians and Surgeons of California, a splinter group of COA members who opposed the proposed merger.

The merger came to fruition in May 1961, when the CMA House of Delegates voted 296 to 63 in favor of ratification of the merger agreement with COA. For the medical profession, the merger was a culmination of nearly 20 years' negotiations to unify the medical community. Under the merger agreement, DO's holding valid physician and surgeons' licenses in the state of California would be able, if they chose, to change to MD's. The College of Osteopathic Physicians and Surgeons in Los Angeles would become the California College of Medicine, an accredited medical school affiliated with the Association of American Medical Colleges. The CMA would work to absorb DO's within the structure of existing county medical societies, but until they were so absorbed, a special, statewide Forty First Medical Society would be created.

The final step to professional unification was the passage of Proposition 22 in 1962. Approved by an overwhelming majority of Californians, Proposition 22 stripped the Board of Osteopathic Examiners of all powers to issue new licenses and limited its activity to the regulation of those osteopaths already licensed. Of the 2,250 practicing DO's in California, all but 400 became MD's.

The unification in 1961 and 1962 standardized the education, examination, licensure and degree for the practice of medicine within the state. Medical postgraduate courses offered at all medical schools were made available to members of the Forty First Medical Society. For the first time residency programs in the specialties of neurosurgery, plastic surgery and psychiatry were opened to the former DO's.

Assimilation of former DO's into the educational programs and the organizational activities of organized medicine continued throughout the period between 1962 and 1974. Several bills were introduced into the state legislature to negate Proposition 22 and to provide reciprocity licensure for out-of-state DO's but these bills were soundly defeated. Then, in March 1974, in a lawsuit brought by eight graduates of out-of-state osteopathic colleges (the D'Amico case), the state Supreme Court

ruled that denying them licenses to practice medicine in California violated the equal protection provisions of both state and federal constitutions. While the Court's ruling does not affect those DO's who converted to MD status as licentiates of the Board of Medical Examiners subsequent to 1962, it does reestablish the licensing of DO's in California, including reciprocity for those qualified DO graduates licensed by other states.

California now finds itself in a unique position, with two medical licensing boards—the Board of Medical Examiners and the Board of Osteopathic Examiners—administering a single medical practice act. As of October 15, 1974, the California Board of Osteopathic Examiners had received 2,964 inquiries for applications from DO's outside the state. As of that date, also, the Board had awarded 340 new DO licenses. These figures are likely to continue to rise rapidly in the months ahead.

The conditions which enabled the merger to take place in 1962 have changed significantly. Today, there are no schools or colleges of osteopathy, no osteopathic house staff training programs and no osteopathic hospitals in California—all of which existed before 1962. Yet the one condition that enabled the two professions to join in good conscience—the undisputed overlap and blurring of distinctions in the training and practice of both professions—is even more in evidence today than in the past. It is on this basis that CMA and other groups are continuing to work to bring future and present California DO's into the mainstream of California medicine.

A recent American Medical Association report cites the dramatic improvement in facilities and faculties of osteopathic schools. The report states that "the current competition for admissions to medical schools has been reflected in osteopathic schools and permits the presumption that students of increasing ability are entering osteopathic schools." It further notes that the "Educational Standards of Colleges of Osteopathic Medicine," as approved by the Board of Trustees of the AOA, now contains requirements similar to those developed by the AMA for allopathic medical schools.

In an independent nationwide survey, the National Disease and Therapeutic Index (NDTI) recently found a close parallel between osteopathic and allopathic medical practices. The NDTI report found the two professions treated similar patients and disease conditions and used similar methods of treatment.

## OSTEOPATHY

Currently, there are nine osteopathic colleges nationwide, educating approximately 3,000 future DO's. By 1978, it is estimated that over 1,000 DO's a year will be graduated. While most physicians trained in osteopathic medicine are general practitioners, there are also DO specialists in general surgery, obstetrics, ophthalmology, psychiatry and many other specialties.

Since 1969, the AMA has admitted qualified DO's to full active membership. Twenty-four state medical societies now accept qualified osteopaths as active members. In the 1972-73 academic year, 417 DO's were enrolled in various AMA-approved residency training programs and 128 osteopathic physicians held AMA-approved internships. Osteopathic physicians also participate in postgraduate medical education programs offered by the AMA and state medical associations. In addition, 14 specialty boards have opened their examinations to qualified osteopathic physicians, and residencies in those specialties are open to qualified graduates of osteopathic colleges.

Currently, the American Hospital Association and the Joint Commission on Accreditation of Hospitals require that MD's and DO's meet identical requirements for appointments to hospitals' medical staffs and hospital privileges.

The California Medical Association, representing its 26,000 physician members, continues to

support the principle of a unified medical profession for California. Bridging this principle with the recent Supreme Court ruling, CMA's Council has recommended acceptance for membership in CMA and its component medical societies of qualified DO's practicing in California.<sup>3</sup> The CMA, through its Committee on Osteopathy, has been in close contact with the California Hospital Association, the Deans of California medical schools, and many others, in order to formulate suitable policy and regulations to assure that DO's are accorded the same protection of due process and the same opportunities and privileges on professional staffs of hospitals that are granted to doctors of medicine. The CMA Council's recommendations, designed to allow equal opportunities for CMA membership to qualified DO's, will be considered by the CMA House of Delegates at its 1975 meeting in February. These recommendations reflect a desire on the part of organized medicine to ensure to the public a uniformly high standard of medical care by all physicians, whether they be DO's or MD's.

### REFERENCES

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